

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18707

FILED JUN 8 1943

275

Primary Registration District No.

5943

Registrar's No.

8

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Edgar Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spring Creek Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Sullivan Ragan

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Jane Ragan 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 25, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 8 hr. min.

9. Birthplace Phelps County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith-Wagonmaker Retd.

11. Industry or business Retired

12. Name Isaac Ragan 13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Sullivan

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Roberts
(b) Address Edgar Springs, Mo.,

17. (a) Burial (Burial, cremation, or removal) May 4, 1943
(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Rhea Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th Street

19. (a) May 15, 1943 (Date received local registrar) (b) James Ragan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Edgar Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ^

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 3 1943 to May 4 1943
that I have seen him alive on May 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

while at work? (Specify type of place) (c) Means of injury

23. Signature Dr. W. D. Jackson (M. D. or other)
Address not view view Date signed May 15, 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 8

1. PLACE OF DEATH:

- (a) County Phelps
(b) City or town Spring Creek Imp Edgar Springs
(c) Name of hospital or institution: if outside city or town limits, write "RURAL" and name of township

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 11 (Specify whether
In this community 11 years, months or days)

3. (a) PRINT FULL NAME James Sullivan Ragen

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Jan 25 1918 (Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 10 If less than one day, min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name.
13. Birthplace. (City, town, or county) (State or foreign country)
14. Maiden name.
15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.
(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)
(c) Place: burial or cremation.

18. (a) Signature of funeral director.
(b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.
(c) City or town. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1943 to 1943, 19...; that I last saw him/her alive on 1943, 19...; and that death occurred on the date and hour stated above. Immediate cause of death uremia

- Due to not acute

- Due to Had severe debility

- Other conditions. (Include pregnancy within 3 months of death)

- Major findings: Of operations.

- Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 13212
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury.

23. Signature. (M. D. or other) 13212

- Address. Date signed.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

5-18707

August 1941

From 1941 to 1944